



Executive Summary

Variation in Access to Care for Low-Income Children with Public Coverage:

Baseline Findings from the 2002/2003 Los Angeles County Health Survey

Prepared for:



Prepared by: Genevieve Kenney Joshua McFeeters Justin Yee Children's Health Initiative of Greater Los Angeles

October 3, 2006

Variation in Access to Care for Low-Income Children with Public Coverage:

A Baseline Analysis with the 2002/2003 Los Angeles County Health Survey

Executive Summary

Since 2003, the Children's Health Initiative of Greater Los Angeles has sought to reduce uninsurance rates among children in Los Angeles County. Using the 2002/2003 Los Angeles County Health Survey to examine the variation in health care access and use among children with public coverage prior to the Initiative, it appears that certain subgroups are experiencing problems. The Children's Health Initiative of Greater Los Angeles will not have as great an impact on improving children's health unless these barriers are addressed.

Results

This analysis focuses exclusively on low-income children with family incomes under 200 percent of the federal poverty level that have public coverage through Medi-Cal or Healthy Families.

Child's Citizenship Status

- The single biggest differentiating factor affecting access to care.
- Nearly four out of 10 non-citizen children 38
 percent reported difficulty accessing needed
 medical care compared to only 17 percent of
 their citizen counterparts.
- Cost concerns are a factor. For example, 20
 percent of non-citizen children could not afford
 a medical check-up compared to 7 percent of
 their citizen counterparts.
- Likewise, non-citizen children were less likely to have a usual source of care than their citizen counterparts.

Child's Health Status

 Children in fair or poor health had more difficulty accessing needed medical care than did children in better health.

- Children in fair or poor health were over twice as likely to have unmet prescription drug needs compared to children in better health (20 percent vs. 8 to 10 percent).
- It is possible that some of these unmet needs affect the child's health status.

Child's Age

 Children between the ages of 12 and 17 were more likely to have unmet health care needs and were less likely to have received a wellchild exam than their younger counterparts.

Parental Mental Health

 Consistent with other studies, we found that 25 percent of children with depressed parents were reported to have difficulty accessing needed medical care compared to only 14 percent of children whose parents were not depressed.

Income

 Poor children — those with family incomes below the federal poverty line — were more likely to experience transportation and language barriers when trying to obtain needed health care than near-poor children — those with family incomes at or up to twice the federal poverty line.





Difficulties Accessing Care Among Low-Income Publicly Insured Children Ages 0-17 in L.A. County by Key Characteristics, 2002/2003

	Difficulty accessing needed care for child	Transportation barrier to medical care	Language barrier to medical care¹	
Child's Citizenship Status U.S. Citizen^ Non-Citizen	16.7% 38.4%***	9.8% 17.6%**	10.2% 24.3%***	
Child's Health Status Excellent Very Good Good Fair/Poor^	13.7%*** 16.6%*** 17.8%*** 27.3%	8.3%*** 10.7% 8.6%** 14.8%	4.9%*** 6.2%*** 11.9%*** 24.6%	
Child's Age 0-5 6-11 12-17^	16.5% 19.9% 18.8%	9.1%** 9.4%* 13.5%	13.0% 10.5% 10.1%	
Parent's Mental Health Status ² Depressed Not Depressed ²	25.1%*** 14.2%	15.3%*** 7.3%	18.9%*** 6.8%	
Family Income 0 to 99% FPL 100% to 199% FPL^	18.1% 18.7%	12.5%*** 7.8%	13.4% *** 9.0%	
Child's Race-Ethnicity Latino White^ African-American Asian-Pacific Islander Other	19.0% 17.4% 11.7% 19.8% 30.3%	9.4% 13.6% 16.2% 11.2% 21.1%	13.4%*** 2.2% 0% 9.6% 0%	
Functional Limitations Yes No^	32.4%** 17.3%	19.3%* 9.6%	10.4% 11.3%	
Parent Citizenship U.S. Citizen^ Non-Citizen	14.9% 20.7%***	13.5% 8.2%***	3.9% 16.3%***	
Parent Foreign-Born Status Foreign Born U.S. Born [^]	19.9%*** 13.9%	8.6%*** 15.6%	14.8%*** 0.8%	
Marriage Status of Respondent Married' Not Married	19.3% 17.1%	8.4% 12.3%**	13.9% 8.6%***	

Variation in Access to Care for Low-Income Children with Public Coverage:

A Baseline Analysis with the 2002/2003 Los Angeles County Health Survey

Executive Summary

	Difficulty accessing needed care for child	Transportation barrier to medical care	Language barrier to medical care
Parent's Education Less than High School High School Some College or trade school College or Postgrad degree	19.9% 15.1% 18.7% 18.8%	9.4% 11.7% 12.6% 7.8%	14.3%* 8.1% 7.8% 8.2%
Work Status of Respondent Employed Unemployed [^]	17.9% 18.7%	8.9% 11.4%	10.3% 12.2%
Language of Interview English Not English^	14.0%*** 20.4%	14.7%*** 8.3%	 16.7%
Number of Children in Household 2 or fewer 3 or more	18.3% 18.5%	9.9% 11.2%	10.5% 13.0%
SPA Antelope Valley San Fernando San Gabriel Metro West^ South East South Bay	16.3% 17.0% 15.8% 24.9% 17.9% 18.8% 15.9%	20.9% 11.1% 8.1% 10.4% 12.3% 9.3% 10.1%	8.6% 13.1% 8.9% 11.0% 8.5% 13.6% 12.1% 9.5%

Source: Urban Institute tabulations of the 2002/2003 Los Angeles County Health Survey.

Notes: 1 Only respondents who were interviewed in a non-English language received this question.

To view the entire report visit www.calendow.org.

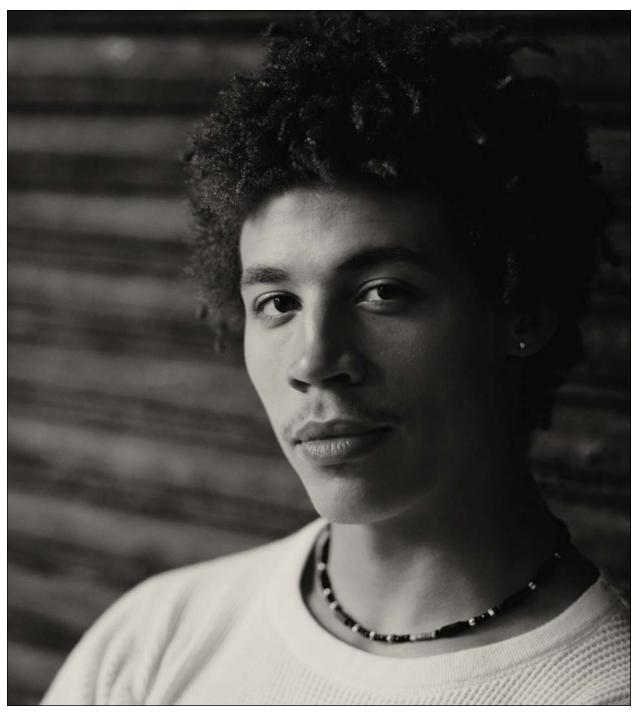
The term "depressed" reflects the parent's reported general emotional state and does not necessarily indicate that the parent is clinically depressed.

[^] Refers to the reference category

^{*} p <.1, ** p <.05, *** p <.01.











The California Endowment

1000 North Alameda Street | Los Angeles, CA 90012

800.449.4149 | www.calendow.org

